

HEALTH AND SENIOR SERVICES

SENIOR SERVICES AND HEALTH SYSTEMS BRANCH

HEALTH FACILITIES EVALUATION AND LICENSING DIVISION

**OFFICE OF CERTIFICATE OF NEED AND HEALTHCARE FACILITY
LICENSURE**

Proposed New Rule: N.J.A.C. 8:43G-7A Appendix

Proposed Amendment: N.J.A.C. 8:43G-7A.6

Hospital Licensing Standards

Stroke Centers

Primary Stroke Center Continuous Quality Improvement

Authorized By: Heather Howard, Commissioner, Department of Health and Senior Services (with the approval of the Health Care Administration Board).

Authority: N.J.S.A. 26:2H-1 et seq., specifically 26:2H-12.27 through 12.32 and P.L. 2004, c. 136, §9.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2009-46.

Submit written comments by April 3, 2009 to:

Ruth Charbonneau, Director
Office of Legal and Regulatory Affairs
New Jersey Department of Health and Senior Services
PO Box 360
Trenton, NJ 08625-0360

The agency proposal follows:

Summary

On September 1, 2004, P.L. 2004, c. 136, codified at N.J.S.A. 26:2H-12.27 through 12.32 (hereinafter referred to as "the Act"), was enacted. The Act requires the Commissioner of Health and Senior Services to designate licensed general hospitals that meet certain standards outlined in the Act as stroke centers. N.J.S.A. 26:2H-12.28. The new rules implementing the provisions of the Act were proposed on January 3, 2006 as N.J.A.C. 8:43G-7A (38 N.J.R. 91(a)) and were adopted without change on February 5, 2007 (39 N.J.R. 439(a)). Amendments set forth at N.J.A.C. 8:43G-7A.3 and 7A.7, regarding the degree of oversight necessary for the reading of neuro-imaging studies on suspected stroke patients and the minimum timeframe for the performance of neuro-interventional procedures, were proposed simultaneously with the adoption of the subchapter on February 5, 2007 (39 N.J.R. 336(a)). These amendments were adopted on November 19, 2007 (39 N.J.R. 4928(b)).

The Department proposes to amend N.J.A.C. 8:43G-7A.6(b) to require that all general hospitals licensed by the Department and designated as either comprehensive or primary stroke centers submit a robust dataset to the Department in order to establish an Acute Stroke Data Registry. The Department convened a Stroke Advisory Panel (SAP), consisting of clinicians with expertise in stroke care. Since February, 2008, the Department has been meeting with the Stroke Advisory Panel Evaluation Subcommittee, to determine the patient-level data necessary for the evaluation of outcomes. The proposed amendments would require the submission of patient-level data that are consistent with other stroke data registries. These registries include the American Heart Association/American Stroke Association's Get With The Guidelines, the Centers for Disease Control and Prevention's Paul Coverdell's National Acute Stroke Registry, and Qual Worx Beacon, and are used by many State-designated stroke centers.

The current data reporting requirements set forth at N.J.A.C. 8:43G-7A.6 were considered by both the Department and the Stroke Advisory Panel as insufficient to achieve the intended purpose of forming the basis for comparative evaluation of hospital performance in the treatment of stroke patients. The existing minimum patient-level stroke data reporting requirements set forth at N.J.A.C. 8:43G-7A.6(b)1 through 7 would be deleted and replaced with a standardized, acute stroke registry presented in the subchapter Appendix. The Department would act as the repository for the acute stroke data. The data that is submitted would contain medical information collected on patients evaluated for stroke and patients who receive acute stroke interventional therapy, including: hospital identification and patient demographic data; pre-hospital emergency medical system data; hospitalization data; imaging information; symptom timeline; thrombolytic treatment; non-treatment with thrombolytics; medical history; in-hospital procedures and treatment; other in-hospital complications;

and discharge status.

These stroke data would be submitted on a quarterly basis by both the State's designated comprehensive and primary stroke centers in accordance with amendments set forth at N.J.A.C. 8:43G-7A.6(a). The amendments would require that the patient-level data collected based on the acute stroke registry shall be submitted by e-mail as an encrypted electronic file or on a computer disk mailed to the Office of Health Care Quality Assessment. The data collection instructions manual would provide details on data submissions procedure and this document will be posted on the Office of Health Care Quality Assessment's website. Stroke centers would also be able to obtain instructions for the electronic transmission of data by calling the Office of Health Care Quality Assessment.

Proposed N.J.A.C. 8:43G-7A(d) would provide that the patient-level data that is submitted in the data collection format shall not be subject to public access or inspection under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq.

In addition, the Department is proposing an amendment, set forth at N.J.A.C. 8:43G-7A.6(a)1, which would indicate that the data is to be submitted for all patients that are either evaluated for stroke or receive a stroke intervention as opposed to any other form of intervention.

Because the Department has provided a 60-day comment period for this notice of proposal, this notice is excepted from the calendar requirement set forth at N.J.A.C. 1:30-3.3(a)5.

Social Impact

The legislative intent of the Act is to optimize treatment and care for New Jersey residents who have a stroke. N.J.S.A. 26:2H-12.27. The Department's intent in proposing these amendments and new rule is to implement the provisions of the Act, consistent with the legislative intent. Research suggests that appropriate utilization of primary stroke centers has the potential to improve patient care, reduce patient morbidity, as well as mortality resulting from stroke, result in fewer peristroke complications, improve long-term outcomes for stroke patients and result in increased patient satisfaction. Patient-level data that would be submitted by each designated stroke center would form the basis for evaluation efforts of health care facilities to help them improve quality of care for their stroke patients.

The proposed amendments and new rule would establish criteria for submission of comprehensive patient-level data by the facilities, which would be used to promote quality of care. In proposing these amendments and new rule,

the Department has relied on the clinical expertise of its Stroke Advisory Panel. The Department believes that the social impact of requiring all designated stroke centers to provide a comprehensive clinical data on stroke patients would be positive since it provides a proper foundation to evaluate patient outcome and care.

At the present time there are 11 general hospitals designated as comprehensive stroke centers and 30 general hospitals designated as primary stroke centers in New Jersey.

Economic Impact

The Department is not in a position to determine the economic impact upon any particular party as a result of the proposed amendments and new rule. However, the Department believes that the overall economic impact would be positive, notwithstanding that hospitals would incur some expenses in trying to meet the proposed data collection and transmission requirements. The actual expenses involved would vary from one hospital to another based on their current resources and the number of patients evaluated for stroke and who receive acute stroke interventional therapy.

The proposed amendments and new rule will permit designated stroke centers to provide more effective continuous quality improvement activities by standardizing clinical data collection that would facilitate the integration of individual hospital performance data with available regional, State and national data and improve the quality of stroke treatment.

Federal Standards Statement

The proposed amendments and new rule would not impose standards on hospitals in New Jersey that exceed those contained in Federal law or regulation. Since there is currently no Federal regulation governing stroke centers, as described herein, a Federal standards analysis is not necessary for these proposed amendments and new rule.

Jobs Impact

The Department does not expect that the proposed amendments and new rule would increase or decrease the number of jobs available in licensed health care facilities.

Agriculture Industry Impact

The proposed amendments and new rule would have no impact on the

agriculture industry in New Jersey.

Regulatory Flexibility Statement

The proposed amendments and new rule would impose requirements only on general hospitals licensed in New Jersey, which are not considered to be "small businesses" within the meaning of the Regulatory Flexibility Act, N.J. S.A. 52:14B-16 et seq., as each employs more than 100 people full-time. Therefore, the proposed amendments and new rule would impose no compliance, reporting or recordkeeping requirements on small businesses, and no regulatory flexibility analysis is necessary.

Smart Growth Impact

The proposed amendments and new rule would have no impact upon the achievement of smart growth and implementation of the State Development and Redevelopment Plan.

Housing Affordability Impact

The proposed amendments and new rule will have an insignificant impact on affordable housing in New Jersey and there is an extreme unlikelihood that the rules would evoke a change in the average costs associated with housing because the rules concern the submission of clinical stroke patient data to the Department.

Smart Growth Development Impact

The proposed amendments and new rule will have an insignificant impact on smart growth and there is an extreme unlikelihood that the rules would evoke a change in housing production in Planning Areas 1 or 2 or within designated centers under the State Development and Redevelopment Plan in New Jersey because the rules concern the submission of clinical stroke patient data to the Department.

Full text of the proposal follows (additions indicated in **boldface** thus; deletions indicated in brackets [thus]):

8:43G-7A.6 Primary stroke center continuous quality improvement

(a) A hospital designated as a primary stroke center shall collect patient-level data to support evaluation of outcomes and quality improvement activities.

1. Data shall be collected on each patient evaluated for stroke and each patient receiving acute stroke interventional therapy.

2. Data shall be submitted on a quarterly basis, with quarterly data submitted within 30 days of the end of each quarter, either through an encrypted electronic transmission, or on a computer disk sent by overnight mail to:

**Stroke Data Coordinator
Office of Health Care Quality Assessment
240 West State Street, 11th Floor
Trenton, New Jersey 08608**

3. Instructions for the electronic transmission of data may be obtained from the stroke data collection instructions manual posted at the Office of Health Care Quality Assessment's website www.nj.gov/health/healthcarequality or by calling (609) 984-7334.

(b) The hospital shall [track, at a minimum:

1. The number of patients evaluated for acute stroke and transient ischemic attacks;
2. The number of patients receiving acute interventional therapy;
3. The amount of time from patient presentation to delivery of acute interventional therapy;
4. Patient length of stay;
5. Patient functional outcome at time of discharge from the acute care facility;
6. Patient morbidity; and

7. Discharge disposition.] **submit, pursuant to (a) above, the patient-level data collection form established at N.J.A.C. 8:43G-7A Appendix, incorporated herein by reference, which shall include the following information:**

- 1. Hospital identification and patient demographic data;**
- 2. Pre-hospital emergency medical system data;**
- 3. Hospitalization data;**
- 4. Imaging information;**

- 5. Symptom timeline;**
- 6. Thrombolytic treatment;**
- 7. Non-treatment with thrombolytics;**
- 8. Medical history;**
- 9. In-hospital procedures and treatment;**
- 10. Other in-hospital complications; and**
- 11. Discharge data.**

(c) (No change.)

(d) The patient-level data submitted pursuant to this section contains medical information related to patients evaluated for stroke and patients receiving stroke interventional therapy and shall not be considered "government records" subject to public access or inspection within the meaning of N.J.S.A. 47:1A-1 et seq., and shall be deemed information relating to medical history, diagnosis, treatment or evaluation within the meaning of Executive Order No. 26, §4(b)1 (McGreevey, August 13, 2002).

Appendix

New Jersey Department of Health and Senior Services
Acute Stroke Registry (NJASR, Version 1.0)

A. DEMOGRAPHIC DATA

*Hospital Type (1): 1=Primary 2=Comprehensive 3=Other _____
 *Hospital Code (2): _____ *Hospital Transferred From Code (3): _____ *Medical Record # (4): _____
 *Patient: Last Name (5): _____ *First Name (6): _____ *MI (7) _____
 Date of Birth (8): (mm/dd/yyyy) ____/____/____ *SS# (9): ____-____-____ *Zip Code (10): _____
 Gender (11): 0=Male 1=Female _____
 Race (12): 1=White 2=Black 3=Asian 4=Native American/Alaska Native 5=Hawaiian/Other Pacific Islander 6=Other _____
 Hispanic or Latino (13): 1=Yes 0= No _____
 Health Insurance Status (14): 1=Blue Cross/Blue Shield 2=Commercial 3=HMO 4=Medicaid 5=Medicare 6=Self-pay
 7=Tricare (Champus) 8=Uninsured/Indigent 9=Other _____

B. PRE-HOSPITAL/EMERGENCY MEDICAL SYSTEM (EMS) DATA

Where was the patient when stroke was detected or when symptoms were discovered (15)?

- 1= Not in a health care setting 2= Another acute care facility
 3= Chronic Health care facility 4= Stroke occurred while patient was an inpatient in your hospital
 9= Cannot be determined _____

How did the patient get to your hospital for treatment of his/her stroke (16)?

- 1=EMS 2=Private Transportation/taxi other 9=ND or unknown _____

Date & time call received by EMS: Date (17): (mm/dd/yyyy) ____/____/____ Time (18): (hh:mm) ____:____

Was there EMS pre-notification to your hospital (19)? 1=Yes 0=No _____

C. HOSPITALIZATION

Date of arrival to Hospital/ED (20): (mm/dd/yyyy) ____/____/____ Time of arrival to Hospital/ED (21): (hh:mm): ____:____

Hospital Admission Date (22): (mm/dd/yyyy) ____/____/____

In what area of the hospital was the patient first evaluated (23)?

- 1=Emergency Department 3=Imaging suite prior to ED arrival or DA
 2=Direct Admit (DA) 9=Cannot be determined _____

What was the presumptive hospital admission diagnosis at the time of admission (select only one) (24)?

- 1=intracerebral Hemorrhage 3=Subarachnoid Hemorrhage 5=Ischemic Stroke
 2=Transient Ischemic Attack 4=Stroke not otherwise specified 6=No stroke related diagnosis _____

Was patient ambulatory prior to the current stroke/TIA (25)?

- 1=Able to ambulate independently w/o or w/o device 2=With assistance
 3=Unable to ambulate 9=Not documented _____

D. IMAGING

Was brain imaging performed at your hospital after arrival as part of the initial evaluation for this episode of care or this event (26)?

1=Yes 0=No 2 NC – if outside imaging prior to transfer or patient is DNR/CMO _____

If yes,

Date of initial brain imaging (27): (mm/dd/YYYY) : ____/____/____ Time of Initial brain imaging(28): (hh:mm): ____:____

Initial brain image findings (29)? 1=Hemorrhagic 0=No hemorrhage 9=Not available _____

*Date and time of brain image findings:

Date (30): (mm/dd/yyyy) ____/____/____ Time (31): (hh:mm) ____:____

E. SYMPTOM TIMELINE

When was the patient last known to be well (i.e., in their usual state of health or at their baseline), prior to the beginning of the current stroke or stroke-like symptoms? (To within 15 minutes of exact time is acceptable)

Date (32): (mm/dd/yyyy) ____/____/____ Time (33): (hh:mm) ____:____

When was the patient first discovered to have the current stroke or stroke-like symptoms? (within 15 min of exact time)

Date (34): (mm/dd/YYYY) ____/____/____ Time (35): (hh:mm) ____:____

(If performed): What is the first NIH Stroke Scale total score recorded by hospital personnel (36)? _____ (00-42)

F. THROMBOLYTIC TREATMENT

Was IV tPA initiated for this patient at this hospital (37)?

1=Yes 0=No 2=NC – Documented reason exists for not giving IV Thrombolytic _____

If IV tPA was initiated at this hospital or ED, please complete this section:

Date (38): (mm/dd/yyyy) ____/____/____ Time (39): (hh:mm) ____:____

Was other thrombolytic therapy administered (40)? 1=Yes= 0=No _____

IV tPA at an outside hospital (41): 1=Yes 0=No _____

IA catheter-based reperfusion at this hospital (42): 1=Yes 0=No _____

If yes, record date and time: Date (43): (mm/dd/yyyy) ____/____/____ Time (44): (hh:mm) ____:____

IA catheter-based reperfusion at outside hospital (45): 1=Yes 0=No _____

Investigational or experimental protocol for thrombolysis (46) 1=Yes 0=No _____

If, yes specify (47) (Text 50) _____

*Other investigative therapy for ischemic or hemorrhagic stroke (48): 1=Yes 0=No _____

Complications of thrombolytic therapy:

Symptomatic intracranial hemorrhage (49): 0=No 1=Yes (≤ 36 hours of tPA) 9=Unknown _____

Life threatening, serious systemic hemorrhage (50): 0=No 1=Yes (≤ 36 hours of tPA) 9=Unknown _____

G. NON-TREATMENT WITH THROMBOLYTICS

Were one or more of the following reasons for not administering IV thrombolytic therapy at this hospital explicitly documented or clearly implied by a physician, nurse practitioner, or physician assistant's notes in the patient's chart? (Check all that apply)

Contraindications, which may include any of the following:

SBP > 185 or DBP > 100 mmHg despite treatment (51)	1=Yes 0=No	___
Recent intracranial or spinal surgery, head trauma, or stroke (52)(<3 mo.)	1=Yes 0=No	___
Recent surgery/trauma (53) (<15 days)	1=Yes 0=No	___
Active internal bleeding (54) (<22 days)	1=Yes 0=No	___
Suspicion of subarachnoid hemorrhage (55)	1=Yes 0=No	___
History of intracranial hemorrhage or brain aneurysm or vascular malformation or brain tumor (56)	1=Yes 0=No	___
Platelets <100,000, PTT > 40 sec after heparin use, or PT > 15 or INR > 1.7, or known bleeding diathesis (57)	1=Yes 0=No	___
CT findings (ICH, SAH, or major infarct signs) (58)	1=Yes 0=No	___
Seizure at onset (59)	1=Yes 0=No	___

Warnings: conditions that might lead to unfavorable outcomes: 1=Yes 0=No

Stroke severity – Too severe (e.g., NIHSS >22) (60)	___	Glucose < 50 or > 400 mg/dl (61)	___
Left heart thrombus (62)	___	Care-team unable to determine eligibility (63)	___
Rapid improvement of Stroke severity too mild (64)	___	Advanced age (65)	___
Patient/Family refused (66)	___	IV or IA tPA given at outside hospital (67)	___
Increased risk of bleeding due to comorbid conditions (68) (see coding instructions)	___		___
Life expectancy < 1 year or severe co-morbid illness or CMO on admission (69)	___		___

Hospital-Related or Other Factors:

Failure to diagnose in 3 hour time frame (70):	1=Yes 0=No	___
In-hospital Time Delay (71):	1=Yes 0=No	___
Delay in patient arrival (72):	1=Yes 0=No	___
No IV access (73):	1=Yes 0=No	___
Other (25 characters) (74):	_____	

H. MEDICAL HISTORY

Documented medical history of the following: (Check all that apply) 1=Yes 0=No

Diabetes Mellitus (75)	___	Prior Stroke/Transient ischemic attack/VBI (76)	___
Carotid stenosis (77)	___	Heart failure (78)	___
Myocardial Infarction (MI) or coronary artery disease (CAD) (79)	___		
Peripheral arterial disease (PAD) (80)	___		
Heart valve prosthesis (81)	___	Sickle cell disease (sickle cell anemia) (82)	___
Did this event occur during pregnancy or within 6 weeks after delivery or termination of pregnancy (83)?	___		

Record patient's height (84): _____ cms

Record patient's weight (85): _____ Kgs

I. IN-HOSPITAL PROCEDURES AND TREATMENT**Where was patient cared for and by whom?**

Neuro Admit (86)	1=Yes	0=No	_____
Other Service Admit (87)	1=Yes	0=No	_____
Stroke Consult (88)	1=Yes	0=No	_____
No Stroke Consult (89)	1=Yes	0=No	_____
In Stroke Unit (90)	1=Yes	0=No	_____
Not in Stroke Unit (91)	1=Yes	0=No	_____
Unable to Determine (92)	1=Yes	0=No	_____

Is there evidence that the patient's care was restricted to comfort measures only (CMO) anytime prior to the end of Hospital day 2 (93)?

1=Yes 0=No _____

Is there evidence that the patient's care was restricted to comfort measures only at the time of discharge (94)?

1=Yes 0=No _____

Was antithrombotic therapy received by the end of hospital day 2 (95)?

1=Yes 0=No/Not documented _____

2=NC—Documented reason for not giving antithrombotic therapy exists in the medical record

Was the patient ambulatory at the end of hospital day two (96)?

1=Yes 0=No/Not documented _____

Was DVT prophylaxis initiated by the end of the 2nd hospital day (97)?

1=Yes 0=No 2=NC—Documented reason for not administering DVT prophylaxis was present in the medical record _____

Was the patient NPO throughout the entire hospital stay (98)? (i.e., this patient never received food, fluids, or medication by mouth at any time)

1=Yes 0=No or Not documented _____

Was patient screened for dysphagia prior to any oral intake, including food, fluids or medications (99)?

1=Yes 0=No or Not documented 2=NC- documented reason for screening not required, but exists in the medical record _____

IV therapeutic heparin administered? (100)** 1=Yes 0=No _____Was the patient's cardiac rhythm monitored continuously (101)?** 1=Yes 0=No _____**J. OTHER IN-HOSPITAL COMPLICATIONS****Did patient experience a DVT or pulmonary embolus (PE) during this admission (102)?**

1=Yes 0=No 9=Not documented _____

Was there documentation that the patient was treated for pneumonia during this admission (103)?

1=Yes 0=No 9=Not Documented _____

Was patient treated for a urinary tract infection (UTI) during this admission (104)?

1=Yes 0=No 9=Not documented _____

If patient was treated for a UTI, did the patient have a Foley catheter during this admission (105)?

1=Yes, and patient had catheter in place on arrival 2=Yes, but only after admission

0=No 9=Unable to determine

*Secondary symptomatic intracerebral hemorrhage (106): 1=Yes 0=No

K. DISCHARGE DATA

Date of discharge from hospital (107): (mm/dd/yyyy) ____/____/____

ICD-9-CM discharge diagnosis related to stroke (108): _____ (see coding instructions)

Principal discharge ICD-9-CM diagnosis (109): _____

Clinical hospital diagnosis related to stroke that was ultimately responsible for this admission (Check one) (110):

1=Subarachnoid hemorrhage

2=Intracerebral hemorrhage

3=ischemic stroke

4=Transient ischemic attack

5=Stroke not otherwise specified

6=No stroke related diagnosis

Discharge destination (111) (Select only one):

01=Discharged to home or self care (routine discharge)

02=Dsch/Trans to another short-term general hospital for inpatient care

03=Dsch/Trans to a skilled nursing facility (SNF) with Medicare certification

04=Dsch/Trans to Intermediate Care Facility (ICF)

05=Dsch/Trans to another type of institution not defined elsewhere in this code list

06= Dsch/Trans to home under care of organized home health service organization

07= Left against medical advice or discontinued care

09=Admitted as an inpatient to this hospital (outpatient only)

20=Expired (or did not recover –Religious Non Medical Health Care pt)

30=Still patient or expected to return for outpatient services

40=Expired at home (Hospice claims only)

41=Expired in medical facility, such as hospital, SNF, ICF, or freestanding hospice

43=Dsch/Trans to federal health care facility

50=Dsch/Tran Hospice - home

51=Hospice – medical facility (certified) providing hospice level of care

61=Dsch/Tran to hospital-based Medicare approved swing bed

62=Dsch/Trans to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital

63=Dsch/Trans to a Medicare certified long term care hospital (LTCH)

64=Dsch/Trans to a nursing home facility certified under Medicaid but not certified under Medicare

65=Dsch/Trans to a psychiatric hospital or psychiatric distinct part unit of a hospital

66=Discharged/transferred to a Critical Access Hospital

70=Discharged to another healthcare institution not defined elsewhere in this code list

Ambulation status at Discharge (112): _____

- 1 = Able to ambulate independently w/or w/o device
 2 = With assistance (from one person)
 3 = Unable to ambulate
 9 = Not documented

Is there documentation for past medical history of smoking - did the adult patient smoke at least one cigarette during the year prior to hospital arrival (113)?

1=Yes 0=No/Not documented _____

If past medical history of smoking is checked as yes, was the adult patient or their care giver given smoking cessation advice or counseling during the hospital stay (114)?

1=Yes 0=No or not documented in the medical record
 2=NC- A documented reason exists for not performing counseling

Is there a past medical history of Dyslipidemia (115)?

1=Yes 0=No/Not documented _____

Was the patient on cholesterol reducing or cholesterol controlling medication prior to this hospitalization (116)?

1=Yes 0=No _____

***Record lipid levels during hospital admission or within 30 days prior to admission:**

LDL (Numeric ### 3-digit) (117) _____ mg/dl
 HDL (Numeric ### 3-digit) (118) _____ mg/dl
 Total Cholesterol (Numeric ### 3-digit) (119) _____ mg/dl
 Triglycerides (Numeric ### 3-digit) (120) _____ mg/dl
 Glycosylated Hb (Numeric ##### 4-digit) (121) _____ %

Is there documentation that cholesterol – reducing or cholesterol controlling medication was prescribed at discharge (122)?

1=Yes 0=No/Not documented 2=NC- Contraindicated _____

If medication was prescribed, please answer which medication classes were prescribed:

Statin (123) 1=Yes 0=No _____

Other medication (124) 1=Yes 0=No _____

Is there a documented history of hypertension (125)?

1=Yes 0=No/Not documented _____

Was patient on antihypertensive medication prior to admission (126)?

1=Yes 0= No/Not documented _____

Is there documentation that antihypertensive medication was prescribed at discharge (127)?

1=Yes 0=No/Not documented _____

Was the patient taking antithrombotic medication prior to admission (128)?

1= Yes 0=No 9=Not documented _____

Was antithrombotic medication prescribed at discharge (129)?

1=Yes 0=No – None prescribed or not documented in medical record

2=NC- Documented reason for not administering exists in the record _____

Is the documentation in the patient's medical history of atrial fibrillation/flutter (130)?

1=Yes 0=No/Not documented _____

Was atrial fibrillation/flutter or paroxysmal atrial fibrillation (PAF) documented during this episode of care (131)?

1=Yes 0=No/Not documented _____

If a history of atrial fibrillation/flutter or PAF is documented in the medical history of the patient or the patient experienced atrial fibrillation/flutter or PAF during this episode of care, was patient prescribed anticoagulation medication upon discharge (132)?

1=Yes 0=No/Not documented

2=Documented reason for not prescribing anticoagulation exist in medical record _____

Was there documentation that the patient and/or caregiver received education and/or resource materials regarding any of the following?

Personal modifiable risk factors for stroke (133)	1=Yes 0=No/Not documented	2=NC	_____
Stroke warning signs (134)	1=Yes 0=No/Not documented	2=NC	_____
How to activate EMS (135)	1=Yes 0=No/Not documented	2=NC	_____
Need for follow-up after discharge (136)	1=Yes 0=No/Not documented	2=NC	_____
Their prescribed medications (137)	1=Yes 0=No/Not documented	2=NC	_____

Is there documentation in the record that the patient was assessed for or received rehabilitation services (138)?

1=Yes 0=No/Not documented _____

Did patient receive rehabilitation services during hospitalization (139)?

1=Yes 0=No/Not documented _____

Was patient transferred to a rehabilitation facility (140)?

1=Yes 0=No/Not documented _____

Was patient referred to rehabilitation services following discharge (141)?

1=Yes 0=No/Not documented _____

Was patient ineligible to receive rehabilitation services (e.g., symptoms resolved, poor prognosis, patient unable to tolerate rehabilitation therapeutic regimen) (142)?

1=Yes 0=No/Not documented _____

*Modified Rankin Scale at Discharge (143):

0=No symptoms at all

1=No significant disability despite symptoms; able to carry out all usual duties and activities

2=Slight disability; unable to carry out previous activities, but able to look after own affairs without assistance

3=Moderate disability; requiring some help, but able to walk without assistance and unable to attend to own bodily needs without assistance

4=Moderately severe disability, unable to walk without assistance and unable to attend to own bodily needs without assistance

5=Severe disability; bedridden, incontinent and requiring constant nursing care and attention

6=Dead _____

*Reserved field 1 (144): _____ *Reserved field 2 (145): _____ *Reserved field 3 (146): _____

* State Added Item